

**INCIDENT NAME  
STATUS BOARD**

**INCIDENT NAME:**

Isom Explosion

**CLAIMS PHONE NUMBER  
STATUS BOARD**

**MO # 30030623300**

**CLAIMS PHONE NUMBER**

**1-800-590-5571  
(outside claims)**

## INCIDENT FACTS STATUS BOARD

**Operational Period #1** (3/23 1:30 pm – 3/24 7am)

**DATE OF INCIDENT:** 3/23/05 **TIME OF INCIDENT:** 1:20 pm

**LOCATION:** **Latitude:** \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " (N)

**Longitude:** \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " (N)

**Geographic:** \_\_\_\_\_

**NAME OF INVOLVED VESSEL(S)/FACILITY(IES):** West Plant

**DESCRIPTION OF INCIDENT:** Explosion; butane explosion or blevie

**TYPE OF MATERIAL SPILLED/EMITTED:** Crude Oil \_\_\_\_\_ Product X Chemical \_\_\_\_\_

Other: Hydrogen Light gasoline

**AMOUNT OF MATERIAL SPILLED/EMITTED:** \_\_\_\_\_

**AMOUNT OF MATERIAL AT RISK:** \_\_\_\_\_

**STATUS OF SOURCE:** Controlled: \_\_\_\_\_ Continuing: X Other: \_\_\_\_\_

**STATUS OF PERSONNEL:** Casualties: \_\_\_\_\_ Injuries: \_\_\_\_\_ Other: \_\_\_\_\_

**OTHER INFORMATION:** \_\_\_\_\_

**2B**

**Operational Period #1 (3/23 1:30 pm – 3/24 7am)**[illegible]

**Information Provided by  
Environmental Unit Leader**

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**INCIDENT FACTS UPDATE  
STATUS BOARD**

Operational Period #1 (3/23 1:30 pm – 3/24 7am)

TIME	EVENT
13:20	Explosion in West Plant
	IMT Activated
13:40	Andy Fiedler notified EOC-8 injuries requested
	EMT to West end TAR – “RockyR” trailer
13:35	ISOM AU2 called SOC
13:42	TXC Fire Department on site
13:44	10 injuries PPT over radio
13:45	Radios not hitting repeaters
13:45	Contacted UTMB & Mainland Hospital to expect injuries
13:45	Notified PX BUL (Rita Griffin) via voice mail
13:46	TCS arrived on scene at fire (Prouty)
13:47	Multiple injuries reported – Life flight enroute
13:50	Notification center called
13:50	Notified PX PUL Jack Niekamp via phone
13:50	Gold Star arrived
13:53	All fire trucks, in-house ambulance and all city ambulance in route Mutual aid in route and life flight
13:55	UTMB Life flight told to land at refinery heli pad
13:55	J. E. Merritt trapped in trailer – 10 injuries – 1 critical
14:00	Mary Trost reported gasoline leak at Cat 3
14:00	Update – suppression off Ken
14:01	Life flight landed - NOB
14:02	29th Street – Gold Star “several injuries” reported
14:02	Requested 1 more life flight west side NDU (Ben)

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**Operational Period #1 (3/23 1:30 pm – 3/24 7am)**[illegible]

## 6

**Operational Period #1 (3/23 1:30 pm – 3/24 7am)**[illegible]

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**Operational Period #1 (3/23 1:30 pm – 3/24 7am)**

**WIND SPEED:** 0 MPH **WIND DIRECTION:** NW  
**AIR TEMPERATURE:** 75.30 **PRECIPITATION:** Rain        Snow         
**CEILING:** Unlimited  
**WAVE HEIGHT:**                      **WAVE DIRECTION:**                       
**CURRENT SPEED:**                      **CURRENT DIRECTION:**                       
**WATER TEMPERATURE:**

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WIND SPEED:** \_\_\_\_\_ **WIND DIRECTION:** \_\_\_\_\_

**AIR TEMPERATURE:** \_\_\_\_\_ **PRECIPITATION:** Rain \_\_\_\_\_ Snow \_\_\_\_\_

**CEILING:** \_\_\_\_\_

**WAVE HEIGHT:** \_\_\_\_\_ **WAVE DIRECTION:** \_\_\_\_\_

**CURRENT SPEED:** \_\_\_\_\_ **CURRENT DIRECTION:** \_\_\_\_\_

**WATER TEMPERATURE:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## TIDES TODAY

\_\_\_\_\_ ( )

\_\_\_\_\_ (\_\_\_\_\_)

**SUNSET:**



**Information Provided by  
Safety & Health Unit Leader**

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<b>SAFETY STATUS BOARD (ICS 204S)</b>		
SAFETY OFFICER ON-SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO NAME OF SAFETY OFFICER: Joe Hockless		
Area Isolated? Barricade in progress <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Personnel Training Levels Verified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hazard Control Zones Established? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Decontamination Area(s) Established? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Hazard Control Zones Secured? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	First Aid Areas Established? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Medical Screening Established? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
LEVEL OF PPE REQUIRED: _____		
<b>SPECIFIC CHEMICAL HAZARDS AND AVOIDANCE/MITIGATION MEASURES:</b>		
<b>CHEMICAL HAZARDS</b>		<b>AVOIDANCE/MITIGATION MEASURES</b>
Benzene	Pentane	Sample Water / Sewer Rundown to water treating plant
Hexane	C7	Test fire treatment and employees in area - urine & blood samples
Straight RU	Algaecide	Monitor air – Benzene / H2S / Flammables
H2S	Acids	
Asbestos	Caustic NaOH	
Light Raffinate	Natural Gas	
Deisopentanizer Bottoms	Fuel Gas	
Butane	Lubricating Oils	
<b>SPECIFIC PHYSICAL HAZARDS/MITIGATION MEASURES:</b>		
<b>PHYSICAL HAZARDS</b>	<b>AVOIDANCE/MITIGATION MEASURES</b>	
Twisted pipe rubble	Rope off area	
Asbestos	Identify lines to isolate from P&ID	
Contaminated Hydrocarbons soaked soil	Vacuum truck pools of hazardous chemicals	
Fire from re-ignition sources	Isolate electrical systems	
Electrical shock	Medical supplies for caustic burns, cuts, eye irritants	
	Fire watch on stand-by	
<b>INCIDENT-SPECIFIC SITE SAFETY PLAN:</b>		
<input checked="" type="checkbox"/> In Preparation                 Estimated Time of Completion: _____		
<input type="checkbox"/> Completed and Approved		
CONTACT FOR MORE INFORMATION: <u>Eddison Arnold</u>		

ICS 204

**POST SITE SAFETY PLAN AND SAFETY BULLETINS BELOW**

**Information Provided by  
Command Section 9**

**STRATEGIC OBJECTIVES  
STATUS BOARD (ICS 202)**

**INCIDENT NAME:** Isom Explosion \_\_\_\_\_

**OPERATIONAL PERIOD:** 3/23/05 1:30 pm – 3/24/05 12:00 am \_\_\_\_\_

**OBJECTIVES FOR CURRENT OPERATIONAL PERIOD (DATE) 3/23/05 (TIME) 1:30 pm** \_\_\_\_\_

1. Account for All Personnel – Attend to injured and establish hospital support
2. Secure source of fire / secure area
3. Insure all notifications made
4. Assess incident – establish response persons / plan / need organizational chart
5. Manage external / Internal communications
6. Local message established
7. Established EPA availability for responders, families, co-workers

**OBJECTIVES FOR NEXT OPERATIONAL PERIOD (DATE) 3/24 (TIME) 12:00 to 0800** \_\_\_\_\_

- Finalize accounting for all personnel
- Establish / maintain 24 hours coverage for family / victim support
- Establish status of all injured personnel
- Continued incident investigation
- Continue communications as needed

Next operating period 3/24/05 8:00 am to 8:00 pm.

Finalize accounting for all personnel (if not complete).

Continue 24 hour support for victims / families.

Establish (or continue) formal incident investigation.

Continue Communications as needed

Assess damage. Create appropriate operations plan

Establish Recovery Team

Establish plan for demobilization of int

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**INCIDENT NAME:** Isom Explosion **FIELD ASSIGNMENT NO.**                     

**Start Time/Date:** 2:00 pm March 23, 2005 **End Time/Date:** \_\_\_\_\_

**DIVISION/GROUP:** \_\_\_\_\_

## ENVIRONMENTAL CONCERNS

## AVOIDANCE/MITIGATION MEASURES

### Spills (facility wide)

## Assessment

## Naphtha spill @ Isom

## Fire control

**S/D of other units – need advance notification?**

**When understood, notify TCEQ & GCHD**

**Waste disposal – contaminated PPE, etc.**

### Fire water run-off

Contain to WWTP / sample

## Air emissions

## Fence line monitoring

**CONTACT FOR MORE INFORMATION:** Watson Dupont

# Information Provided by Situation Unit Leader 11

## ORGANIZATION ASSIGNMENT LIST (ICS 203)

**1. INCIDENT NAME:** ISOM Explosion\_\_\_\_\_

**2. OPERATIONAL PERIOD COVERED BY PLAN:**

**Start Time/Date:** 3/24/2005 – 12:00 am\_\_\_\_\_

**End Time/Date:** 3/24/2005 08:00 am\_\_\_\_\_

**3. COMMAND SECTION:**

Incident Commander Johnny Cearley\_\_\_\_\_

Unified Commanders \_\_\_\_\_

Deputy Incident Commander Johnny Hutchins\_\_\_\_\_

Safety Officer Eddison Arnold\_\_\_\_\_

Information Officer Bill Stephens\_\_\_\_\_

Liaison Officer \_\_\_\_\_

Law Officer Tracy Rogers\_\_\_\_\_

Human Resources Officer Cynthia Burnett\_\_\_\_\_

**5. PLANNING SECTION:**

Chief Ollie Niederhofer\_\_\_\_\_

Situation Unit – Planning Mike Grayson\_\_\_\_\_

Resource Unit Heather Vail , Jay Wroblewski\_\_\_\_\_

Documentation Unit Cynthia Bolton / Debbie Coutorie\_\_\_\_\_

Demobilization Unit \_\_\_\_\_

Safety & Health Unit Mary K. Alberts\_\_\_\_\_

Environmental Unit Danny White\_\_\_\_\_

Ongoing Process Unit \_\_\_\_\_

**6. LOGISTICS SECTION:**

Chief Henry Galvan\_\_\_\_\_

Service Branch \_\_\_\_\_

Communications Unit \_\_\_\_\_

Medical Unit \_\_\_\_\_

Food Unit Paul Foltyn\_\_\_\_\_

Support Branch \_\_\_\_\_

Supply Unit Andy Jenkins\_\_\_\_\_

Facilities Unit \_\_\_\_\_

Security \_\_\_\_\_

Ground Unit \_\_\_\_\_

**7. FINANCE/ADMINISTRATION SECTION:**

Chief John Russon\_\_\_\_\_

Time Unit \_\_\_\_\_

Procurement Unit Paul Foltyn\_\_\_\_\_

Compensation/Claims Unit \_\_\_\_\_

Legal \_\_\_\_\_

Human Resources Group \_\_\_\_\_

Cost Unit \_\_\_\_\_

**4. OPERATIONS SECTION:**

Chief Lester Brown\_\_\_\_\_

On-scene Commander Bruce Sander / John McLemore\_\_\_\_\_

Site Safety/Env. Coord. Ken Kirk / Mark Garvin\_\_\_\_\_

Staging Area Manager Bill Blanklett\_\_\_\_\_

Documentation Aide Charlie Poe\_\_\_\_\_

**a. Branch I:**

Director Operations Jack Berry\_\_\_\_\_

Division/Group Charles Dwyer\_\_\_\_\_

Division/Group Greg Pierce\_\_\_\_\_

Division/Group \_\_\_\_\_

Division/Group \_\_\_\_\_

**b. Branch II:**

Director \_\_\_\_\_

Division/Group \_\_\_\_\_

Division/Group \_\_\_\_\_

Division/Group \_\_\_\_\_

Division/Group \_\_\_\_\_

**c. Branch III:**

Director \_\_\_\_\_

Division/Group \_\_\_\_\_

Division/Group \_\_\_\_\_

Division/Group \_\_\_\_\_

Division/Group \_\_\_\_\_

**d. Branch IV:**

Director \_\_\_\_\_

Division/Group \_\_\_\_\_

Division/Group \_\_\_\_\_

Division/Group \_\_\_\_\_

Division/Group \_\_\_\_\_

**e. Branch V:**

Director \_\_\_\_\_

Division/Group \_\_\_\_\_

Division/Group \_\_\_\_\_

Division/Group \_\_\_\_\_

Division/Group \_\_\_\_\_

**Information Provided by  
Situation Unit Leader     11B**

**INITIAL INCIDENT BRIEFING - ICS 201- 3 (page 3 of 5)  
Tactical Response Team Organization**

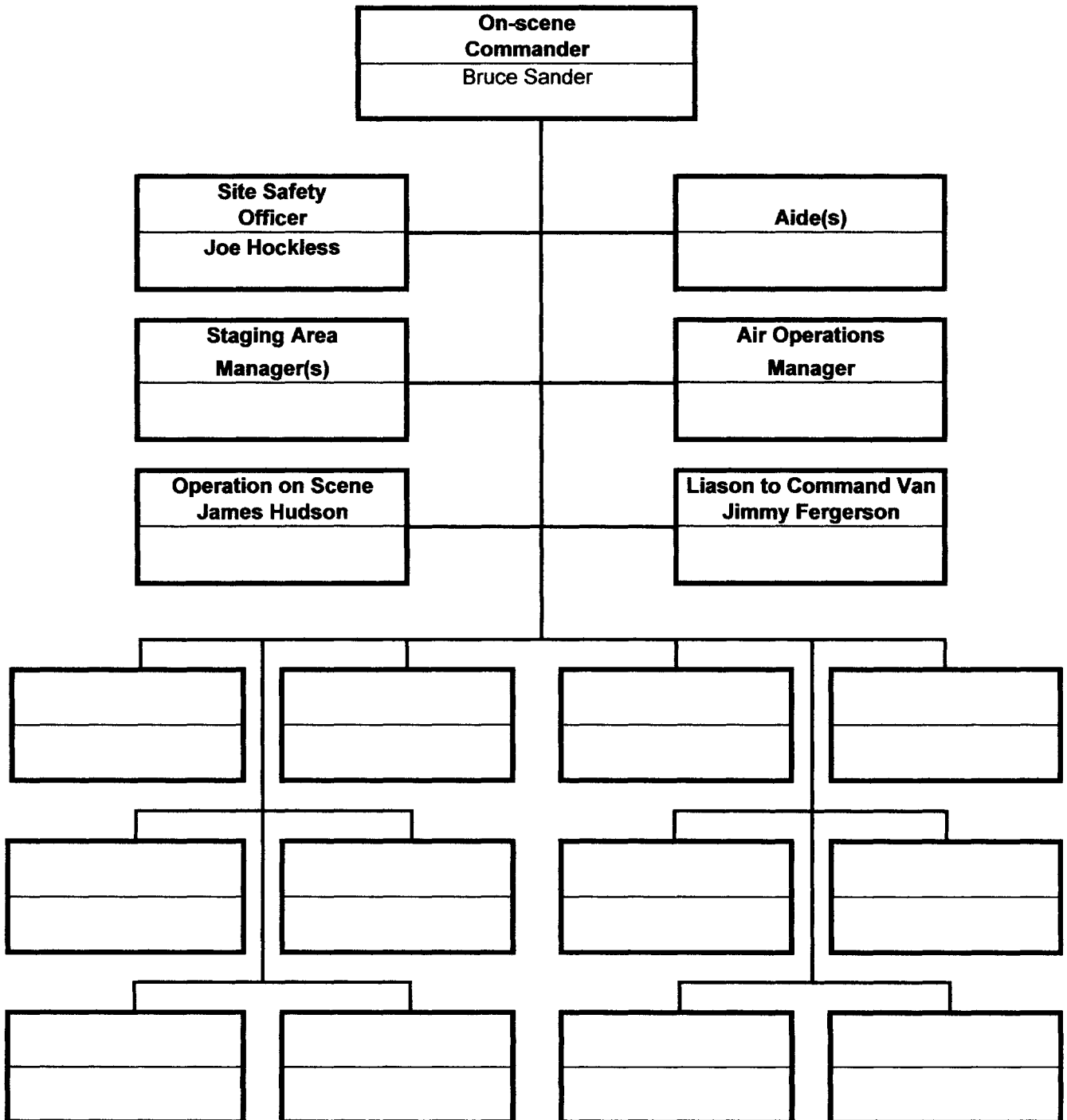
**Incident Name:**     ISOM Explosion

**Date Prepared:**     3/23/05

**Incident  
Location:**

**Time Prepared:**

**LOCATED AT THE TACTICAL COMMAND POST (TCP)**



**Prepared By:**

**ICS Position:**

**Phone:**

## MASS BALANCE STATUS BOARD

FACTOR	LAST 24 HOURS	TO DATE
AMOUNT SPILLED/EMITTED	_____	_____
CHEMICALLY DISPERSED	_____	_____
BURNED	_____	_____
AMOUNT RECOVERED	_____	_____
EVAPORATION FACTOR	_____ percent	_____ percent
NATURAL DISPERSION FACTOR	_____ percent	_____ percent
EMULSIFICATION FACTOR	_____ percent	_____ percent
AMOUNT REMAINING:		
ON WATER	_____	_____
ON LAND	_____	_____

**Information Provided by  
Situation Unit Leader 10**

**Field Objective / Task Status Board**

<b>Objective</b>	<b>Task Required to Complete Objective</b>	<b>Resources Required to Achieve Task</b>	<b>Status Update</b>

**POST ICS 204 FIELD ASSIGNMENT FORMS BELOW**

**!! Complete Pre-Task Safety Assessment For All Tasks !!**

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**Information Provided by  
Situation Unit Leader    12**

**COMMUNICATIONS PLAN (ICS 205)**

**1. INCIDENT NAME:** Isom Explosion

**2. OPERATIONAL PERIOD COVERED BY PLAN:**

**Start Time/Date:** March 23, 2005      **End Time/Date:** \_\_\_\_\_

**3. COMMAND NETWORK**

Source	Frequency	Channel	Phone/Fax No.	Assignment

**4. TACTICAL NETWORK**

Source	Frequency	Channel	Phone/Fax No.	Assignment

**5. SUPPLY NETWORK**

Source	Frequency	Channel	Phone/Fax No.	Assignment

**6. OTHER NETWORKS (e.g., CRISIS)**

Source	Frequency	Channel	Phone/Fax No.	Assignment

**7. APPROVED BY:** \_\_\_\_\_ **TIME/DATE:** \_\_\_\_\_



**Information Provided by  
Situation Unit Leader 13**

**MEDICAL PLAN (ICS 206)**

**1. INCIDENT NAME:** Isom Explosion

**2. OPERATIONAL PERIOD COVERED BY PLAN:**

**Start Time/Date:** March 23, 2005

**End Time/Date:** \_\_\_\_\_

**3. FIRST AID STATION(S)**

LOCATION	DIVISION/GROUP(S) SERVED	RADIO/PHONE
Gate 42 & 29	Contractor	
Change House	BP	

**4. GROUND AMBULANCE SERVICE(S)**

LOCATION	DIVISION/GROUP(S) SERVED	RADIO/PHONE
Avenue G	BP	

**5. AIR AMBULANCE SERVICE(S)**

LOCATION	DIVISION/GROUP(S) SERVED	RADIO/PHONE
UTMB – Tommy Lambright	Tommy Lambright	409-772-1011
Mainland Center	Chris Duke / Yvette Green-Tyler	409-938-5000
Shriners		409-770-6600

**6. HOSPITALS AND TREATMENT FACILITIES**

LOCATION	DIVISION/GROUP(S) SERVED	RADIO/PHONE
Clear Lake Regional		281-338-3110
BayShore Medical		713-359-2000

**7. SUMMARY OF MEDICAL EMERGENCY PROCEDURES**

Decontamination at NDU and Change House

**8. APPROVED BY:** \_\_\_\_\_

**TIME/DATE:** \_\_\_\_\_

**Information Provided by  
Situation Unit Leader    14**

**AIR OPERATIONS PLAN (ICS 220)**

**1. INCIDENT NAME:** Isom Explosion

**2. OPERATIONAL PERIOD COVERED BY PLAN:**

**Start Time/Date:** \_\_\_\_\_ **End Time/Date:** \_\_\_\_\_

**3. LOCATION OF PRIMARY OPERATING BASE(S)**

Name/Location	Designator

**4. FIXED-WING AIRCRAFT**

Assignment	Time Start	Time Finish	Aircraft Type	Operating Base Designator

**5. HELICOPTER(S)**

Assignment	Time Start	Time Finish	Helicopter Type	Operating Base Designator

**6. APPROVED BY:** \_\_\_\_\_ **TIME/DATE:** \_\_\_\_\_

**Information Provided by  
Situation Unit Leader    15**

**OPERATIONAL PERIOD / SCHEDULE OF MEETINGS  
STATUS BOARD**

**CURRENT OPERATIONAL PERIOD**

**STARTING DATE:**    March 23, 2005 \_\_\_\_\_    **STARTING TIME:** 1:30 pm \_\_\_\_\_  
**ENDING DATE:**    \_\_\_\_\_    **ENDING TIME:**    \_\_\_\_\_

**MEETINGS FOR CURRENT OPERATIONAL PERIOD**

TIME: 1:30 pm _____	MEETING: Situational Update _____
TIME: 2:30 pm _____	MEETING: Situational Update _____
TIME: 3:30 pm _____	MEETING: Situational Update _____
TIME: _____	MEETING: _____
TIME: _____	MEETING: _____
TIME: _____	MEETING: _____

**NEXT OPERATIONAL PERIOD**

**STARTING DATE:**    03/23/05 \_\_\_\_\_    **STARTING TIME:** 12:00 am \_\_\_\_\_  
**ENDING DATE:**    03/24/05 \_\_\_\_\_    **ENDING TIME:**    8:00 am \_\_\_\_\_

**MEETINGS FOR NEXT OPERATIONAL PERIOD**

TIME: _____	MEETING: _____
TIME: _____	MEETING: _____
TIME: _____	MEETING: _____
TIME: _____	MEETING: _____
TIME: _____	MEETING: _____
TIME: _____	MEETING: _____

## IMT ASSESSMENT MEETING ACTION ITEM TRACKING LIST

[illegible]

## GENERAL PLAN OBJECTIVES STATUS BOARD

## OBJECTIVES

[illegible]

**Information Provided by  
Situation Unit Leader 18**

# GENERAL PLAN STATUS BOARD

[illegible]

**Information Provided by  
Situation Unit Leader 19**

# GENERAL PLAN STATUS BOARD

[illegible]

**Information Provided by  
Situation Unit Leader 20**

## Notifications Status Board

**(Agency / Site / Management / Etc.)**

[illegible]



# G&PA Status Board 21

<b>DATE/TIME OF EVENT:</b>		
<b>MEDIA INQUIRIES:</b>		<b>ISSUES/QUESTIONS:</b>
Media	Reporter	Contact Number
<b>GOV'T/COMMUNITY CONTACTS:</b>		<b>ISSUES/CONCERNS:</b>
<u>Mayor</u>		
<u>County Judge</u>		
<u>State Reps</u>		
<u>Health District PIO</u>		
<u>Industry PIOs</u>		
<u>Schools/ Day Cares</u>		
<u>Key Thought Leaders</u>		
<b>COMMUNITY CALLS (AREA):</b>		<b>ISSUES/QUESTIONS:</b>
<b>COMMUNITY NEEDS:</b> (supplies/money)		<b>IMPACT:</b> (evacuation/shelter in place)



## CHECK-IN LIST (ICS 211)

INCIDENT NAME: \_\_\_\_\_

[illegible]

# Hazard / Damage Assessment Status Form

(Chocolate Bayou)

**INCIDENT NAME:** \_\_\_\_\_

Area	Checklist Complete	Time/ Date	COMMENTS
Polypropylene # 1			
Polypropylene # 2			
Polypropylene # 3			
Polypropylene # 4			
Olefins # 1			
Olefins # 2			
Maintenance Shop			
Product Warehouse			
Supervisor's Office Building (A-3)			
Storehouse			
Utilities / Cogen			
Laboratory			
Drum Storage Area			
Firehouse			
Plant Lunchroom (Z-1)			
US Contractor Building			
Administration Building (A-1)			
Equistar			
South End			
Central Metering Yard			
Second Stage Hydrotreater			
Stratton Ridge			

# Hazard / Damage Assessment Status Form

(Deer Park)

**INCIDENT NAME:** \_\_\_\_\_

Area	Checklist Complete	Time/ Date	COMMENTS
Line 1			
Line 2			
Line 3			
Finishing ZSK 1			
Finishing ZSK 2			
Finishing ZSK 3			
Finishing Flake Loading			
Maintenance Shop			
Maintenance Trailers (Offices)			
Contractor Fab Shop			
Product Warehouse			
Stores Warehouse			
Utilities			
Lay down Yards			
Metering Yard			
PP Admin/Control Room			
< 90 Day Drum Storage Area			
Satellite Drum Storage Areas			
Firehouse			
Guard House Gate # 3			
US Filter Contractor Building			
Outfall Ponds-003			
Outfall Ponds- 004			
CT-100P			
CT-101P			
MCC 1			
MCC 2			
MCC 3			
MCC-4			
MCC-5			

# Hazard / Damage Assessment Status Form

(Texas City Site)

**INCIDENT NAME:** \_\_\_\_\_

Area	Checklist Complete	Time/ Date	COMMENTS
<b>Texas City Chemicals</b>			
Paraxylene # 1/tank farm			
Paraxylene# 2/tank farm/Maint. shop			
Paraxylene # 3/tank farm			
Metaxylene # 1/tank farm			
Metaxylene #2			
Styrene/tank farm			
PCU			
Maintenance Shop/Storehouse			
Maintenance Lunchroom			
Operations Building			
Central Control Room			
Administration Building			
Utilities / Cogen			
Marine Docks			
Firehouse			
<b>Texas City Refinery</b>			
<b>EAST PLANT – CRACKING DIVISION</b>			
Alky 2 / Splitters			
Acid Plant			
Alky 3 & Debut			
FCCU #1			
FCCU #2			
FCCU #3			
Cracking Division Control Center			
<b>EAST PLANT – CRUDE DIVISION</b>			
Coker A			

## Hazard / Damage Assessment Status Form

(Texas City Site)

**INCIDENT NAME:** \_\_\_\_\_

[illegible]

# Hazard / Damage Assessment Status Form

(Texas City Site)

**INCIDENT NAME:** \_\_\_\_\_

Area	Checklist Complete	Time/ Date	COMMENTS
Hydrogen #2			
ISOM			
Ultracracker			
Ultraformer #3			
Ultraformer #4			
DDU			
<b>INFRASTRUCTURE DIVISION</b>			
Oil Movements Control Center			
Knock Labs			
Tank Farm			
Docks			
Power 2/Outside Utilities			
WIF			
Power 3 (Cinergy)			
Power 4 (Cinergy)			
<b>REFINERY BUILDINGS</b>			
ATLS Lab			
Analyzer Building			
Craft Building			
Fire Station			
Garage			

# Hazard / Damage Assessment Status Form

(Texas City Site)

**INCIDENT NAME:** \_\_\_\_\_

Area	Checklist Complete	Time/ Date	COMMENTS
General Office Building			
Machine/Weld Shop			
Medical Building			
North Operations Building			
Outside Utilities Electrical Building			
Quonset Hut			
Scaffold Yard Building			
South Operations Building			
<b>REFINERY BUILDINGS – WAREHOUSES</b>			
ACF Warehouse			
Main Warehouse			
Warehouse 2			
Warehouse 10			
Insulation Warehouse			
Reforming Catalyst Warehouse			
Crude Division Catalyst Warehouse			